

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021543

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 1656

STATE FILE NUMBER

FILED JUN 11 1962

1. PLACE OF DEATH

a. COUNTY

St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNClayton

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

admission)

c. CITY
OR TOWNPagedaleInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONSt. Louis County Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

7328 Doncaster

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Kenneth James Trueblood

4. DATE OF DEATH

Month

Day

Year

June 1, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/12/35

9. AGE (last birthday)

26

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Artist

10b. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James T. Trueblood

13b. MOTHER'S MAIDEN NAME

Opal Barker

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

(If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

James T. Trueblood 7328 Doncaster

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carbon monoxide poisoning

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☒☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Ingestion of carbon monoxide poisoning20c. TIME OF INJURY
Hour 12:40
Minute 40
Month, Day, Year 6/1/62while apparently charging battery on car20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

basement garage (home)

20f. CITY, TOWN, OR LOCATION

Pagedale

COUNTY

St. Louis

STATE

Missouri21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond L. HardCoroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

6/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Normandy Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Shepard Funeral Home 1167 Hamilton Ave

25. DATE RECD. BY LOCAL REG.

6-2-62

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/5914002
24035

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7 08 29891010 151140012455

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence O. Gelberg

Licensed Embalmer No. 4979

P. O. Address Berkeley, M. D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.